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DECLARATION FOR UTILITY OR DESIGN PATENT APPLICATION

☒ Declaration OR
Submitted
with Initial Filing

☐ Declaration
Submitted after
Initial Filing

Attorney Docket Number	102.174
First Named Inventor	LE GAL et al.
COMPLETE IF KNOWN	
Application Number	PCT/FR99/00792
Filing Date	April 6, 1999
Group Art Unit	
Examiner Name	

As a below named inventor, I hereby declare that:

My residence, post office address, and citizenship are as stated below next to my name.

I believe I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural names are listed below) of the subject matter which is claimed and for which a patent is sought on the invention entitled:

LIPOPEPTIDES INDUCING T LYMPHOCYTIC CYTOTOXICITY BEARING AT
 LEAST ONE AUXILIARY T EPI TOPE, AND USES FOR VACCINATION

(Title of the Invention)

the specification of which

☐ is attached hereto
 OR

☒ was filed on (MM/DD/YYYY) 04/06/99 as United States Application Number or PCT International

Application Number PCT/FR99/00792 and was amended on (MM/DD/YYYY) (if applicable).

I hereby state that I have reviewed and understand the contents of the above identified specification, including the claims, as amended by any amendment specifically referred to above.

I acknowledge the duty to disclose information which is material to patentability as defined in Title 37 Code of Federal Regulations, §1.56.

I hereby claim foreign priority benefits under Title 35, United States Code §119 (a)-(d) or §365(b) of any foreign application(s) for patent or inventor's certificate, or §365 (a) of any PCT international application which designated at least one country other than the United States of America, listed below and have also identified below, by checking the box, any foreign application for patent or inventor's certificate, or of any PCT international application having a filing date before that of the application on which priority is claimed.

Prior Foreign Application Number(s)	Country	Foreign Filing Date (MM/DD/YYYY)	Priority Not Claimed	Certified Copy Attached?	
				YES	NO
98 04323	France	04/07/98	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
PCT/FR99/00792 PCT		04/06/99	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

☐ Additional foreign application numbers are listed on a supplemental priority sheet attached hereto:

I hereby claim the benefit under Title 35, United States Code § 119(e) of any United States provisional application(s) listed below.

Application Number(s)	Filing Date (MM/DD/YYYY)	<input type="checkbox"/> Additional provisional application numbers are listed on a supplemental priority sheet attached hereto.

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DECLARATION

I hereby claim the benefit under Title 35, United States Code §120 of any United States application(s), or §365(c) of any PCT international application designating the United States of America, listed below and, insofar as the subject matter of each of the claims of this application is not disclosed in the prior United States or PCT International application in the manner provided by the first paragraph of Title 35, United States Code §112, I acknowledge the duty to disclose information which is material to patentability as defined in Title 37, Code of Federal Regulations §1.56 which became available between the filing date of the prior application and the national or PCT international filing date of this application.

U.S. Parent Application Number	PCT Parent Number	Parent Filing Date (MM/DD/YYYY)	Parent Patent Number (if applicable)

☐ Additional U.S. or PCT international application numbers are listed on a supplemental priority sheet attached hereto.

As a named inventor, I hereby appoint the following registered practitioner(s) to prosecute this application and to transact all business in the Patent and Trademark Office connected therewith:

Name	Registration Number	Name	Registration Number
Bierman, Muserlian and Lucas	18,818		
Jordan B. Bierman	18,629		
Charles A. Muserlian	19,683		
Donald C. Lucas	31,275		

☐ Additional registered practitioner(s) named on a supplemental sheet attached hereto.

Direct all correspondence to:

Name	Charles A. Muserlian		
Address	Bierman, Muserlian and Lucas		
Address	600 Third Avenue		
City	New York	State	NY
Country	U.S.A.	ZIP	10016
Telephone	(212) 661-8000	Fax	(212) 661-8002

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under Section 1001 of Title 18 of the United States Code and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.

Name of Sole or First Inventor:

☐ A petition has been filed for this unsigned inventor

Given Name	Frederique Anne	Middle Initial		Family Name	LE GAL	Suffix e.g. Jr.	
Inventor's Signature				Date			
Residence: City	Vincennes	State		Country	France	Citizenship	France
Post Office Address	21 rue de Donjon, 94300 Vincennes, France						
Post Office Address							
City	Vincennes	State		Zip	F-94300	Country	France

☒ Additional inventors are being named on supplemental sheet(s) attached hereto

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DECLARATION					ADDITIONAL INVENTOR(S) Supplemental Sheet				
Name of Additional Joint Inventor, if any:					<input type="checkbox"/> A petition has been filed for this unsigned inventor				
Given Name	Jean Gerard		Middle Initial		Family Name	GUILLET		Suffix e.g. Jr.	
Inventor's Signature						Date			
Residence: City	Vanves		State		Country	France		Citizenship	France
Post Office Address	39 rue Raphael, 92170 Vanves, France								
Post Office Address									
City	Vanves		State		Zip	F- 92170		Country	France
Name of Additional Joint Inventor, if any:					<input type="checkbox"/> A petition has been filed for this unsigned inventor				
Given Name	Hanne		Middle Initial		Family Name	GAHERY-SEGARD		Suffix e.g. Jr.	
Inventor's Signature						Date			
Residence: City	Paris		State		Country	France		Citizenship	France
Post Office Address	14 rue Sauette, F-75014 Paris, France								
Post Office Address									
City	Paris		State		Zip	F-75014		Country	France
Name of Additional Joint Inventor, if any:					<input type="checkbox"/> A petition has been filed for this unsigned inventor				
Given Name	Helene		Middle Initial		Family Name	GRAS-MASSE		Suffix e.g. Jr.	
Inventor's Signature						Date			
Residence: City	Merignies		State		Country	France		Citizenship	France
Post Office Address	321 rue de la Rosiere, F-59710 Merignies, France								
Post Office Address									
City	Merignies		State		Zip	F-59710		Country	France
Name of Additional Joint Inventor, if any:					<input type="checkbox"/> A petition has been filed for this unsigned inventor				
Given Name	Oleg		Middle Initial		Family Name	MELNYK		Suffix e.g. Jr.	
Inventor's Signature						Date			
Residence: City	MONS-en-BAROEUL		State		Country	France		Citizenship	France
Post Office Address	9, rue Gabriel Peri, F-59370 MONS-en-BAROEUL, France								
Post Office Address									
City	MONS-en-BAROEUL		State		Zip	F-59370		Country	France
<input checked="" type="checkbox"/> Additional inventors are being named on supplemental sheet(s) attached hereto									

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PTO/GB-01 (2-95)
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DECLARATION	ADDITIONAL INVENTOR(S) Supplemental Sheet
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Name of Additional Joint Inventor, if any:				<input type="checkbox"/> A petition has been filed for this unsigned inventor			
Given Name	Andre	Middle Initial		Family Name	TARTAR	Suffix e.g. Jr.	
Inventor's Signature					Date		
Residence: City	VITRY-en-ARTOIS	State		Country	France	Citizenship	France
Post Office Address	1 rue du Marlin, 62490 VITRY-en-ARTOIS, France						
Post Office Address							
City	VITRY-en-ARTOIS	State		Zip	F-62490	Country	France
Name of Additional Joint Inventor, if any:				<input type="checkbox"/> A petition has been filed for this unsigned inventor			
Given Name		Middle Initial		Family Name		Suffix e.g. Jr.	
Inventor's Signature					Date		
Residence: City		State		Country		Citizenship	
Post Office Address							
Post Office Address							
City		State		Zip		Country	
Name of Additional Joint Inventor, if any:				<input type="checkbox"/> A petition has been filed for this unsigned inventor			
Given Name		Middle Initial		Family Name		Suffix e.g. Jr.	
Inventor's Signature					Date		
Residence: City		State		Country		Citizenship	
Post Office Address							
Post Office Address							
City		State		Zip		Country	
Name of Additional Joint Inventor, if any:				<input type="checkbox"/> A petition has been filed for this unsigned inventor			
Given Name		Middle Initial		Family Name		Suffix e.g. Jr.	
Inventor's Signature					Date		
Residence: City		State		Country		Citizenship	
Post Office Address							
Post Office Address							
City		State		Zip		Country	
Name of Additional Joint Inventor, if any:				<input type="checkbox"/> A petition has been filed for this unsigned inventor			
Given Name		Middle Initial		Family Name		Suffix e.g. Jr.	
Inventor's Signature					Date		
Residence: City		State		Country		Citizenship	
Post Office Address							
Post Office Address							
City		State		Zip		Country	
<input type="checkbox"/> Additional inventors are being named on supplemental sheet(s) attached hereto							